



*Commonwealth of Massachusetts*

**OFFICE OF THE DISTRICT ATTORNEY  
PLYMOUTH DISTRICT**

**VOLUNTEER INTERN APPLICATION**

**TIMOTHY J. CRUZ**  
DISTRICT ATTORNEY

32 BELMONT STREET  
BROCKTON, MA 02301

**Academic Status**

**Expected Graduation Date:** \_\_\_\_\_

**Please circle:**

UNDERGRAD

LAW STUDENT

**Application Term**

**Please circle:**

Fall

Summer

Spring

Year: \_\_\_\_\_

**Personal Information:**

**Date:** \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Day Time Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Are you applying for this position through a school program or for school credit? \_\_\_\_\_

**CORI Investigations and Background checks of all applicants will be conducted. Please complete the following information to allow this Office to begin a background search:**

Social Security #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ DOB: \_\_\_\_\_

Are you a party or witness in any proceeding wherein this Office is involved? \_\_\_\_\_; If yes, please give details on a separate attachment.

Have you ever been dismissed, asked to resign, or been suspended from any position you have held? \_\_\_\_\_

*If necessary, please give additional details on a separate attachment.*

Please list two references (feel free to include additional references with resume):

REFERENCE 1- NAME

REFERENCE 2- NAME

REFERENCE 1- PHONE NUMBER

REFERENCE 2- PHONE NUMBER

**Education:**

Are you currently enrolled as a student? \_\_\_\_\_ Where? \_\_\_\_\_

Year/Level in School/Expected Graduation Date: \_\_\_\_\_ Current GPA: \_\_\_\_\_

Please list your educational experiences. Include all High Schools, Colleges, Graduate or Law Schools, or Training Courses attended beginning with the school of current attendance.

Name of School(s) Attended:	Degree Received:	Dates:

Please list any additional educational or personal experiences which may be valuable to the Office in evaluating your application (include previous intern experience within the Office):

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List any foreign language(s) in which you are proficient:

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List any special computer skills or programs in which you are proficient:

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Briefly explain why you are interested in employment with the Plymouth District Attorney's Office:

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List the days and hours you will be available to work between the hours of 8:30 am and 4:30pm:

DAY	BEGIN	END
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		

**Please note your preference of office location:**

\_\_\_\_\_ *Main Office-* 32 Belmont Street, Brockton, MA

\_\_\_\_\_ *Brockton District Court-* 215 Main Street, Brockton, MA

\_\_\_\_\_ *Plymouth District Court-* 52 Obery Street, Plymouth, MA

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**For Law Student Applicants Only:**

Have you received certification under Supreme Judicial Court Rule 3:03? \_\_\_\_\_

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*By signing this document, I acknowledge there is confidential information with the  
Plymouth District Attorney's Office and I agree not to release any type of information  
to unauthorized individuals.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



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**RELEASE FORM**

**Please read the following carefully before signing it as it contains terms and conditions that affect your application and potential internship.**

**1. VERIFICATION:** I verify that all information that I have provided both orally and in documentary form in connection with my application for an internship with the Plymouth District Attorney's Office is true and accurate. I understand that any false or misleading information I furnish in connection with my application for an internship may rescind any contingent offer of an internship or result in my immediate termination, regardless of when discovered.

**2. AUTHORIZATION and RELEASE:** I authorize the Plymouth District Attorney's Office to conduct a complete and thorough investigation of my qualifications for an internship including a CORI Investigation, and a Background check. I release any and all persons and parties connected with any investigation from any and all claims or damages arising from the furnishing of information. I further understand that my offer of an internship is contingent upon satisfactory results of such investigations. I further agree to provide my date of birth and social security number and driver's license number for the sole purpose of conducting background checks.

**3. EMPLOYMENT-AT-WILL:** I understand and agree that my internship is terminable at will. Both the Plymouth District Attorney's Office and I remain free to end our work relationship at any time and for any reason. Further, I understand that nothing in any policies, manuals or similar documents creates an expressed or implied contract of employment.

\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE OF BIRTH**

\_\_\_\_\_  
**SOCIAL SECURITY NUMBER**

\_\_\_\_\_  
**DRIVER'S LICENSE NUMBER / ISSUING STATE**

\_\_\_\_\_  
**DATE**



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**COMPLETED APPLICATION CHECKLIST**

- \_\_\_\_\_ Application
- \_\_\_\_\_ Signed Release Form
- \_\_\_\_\_ Resume
- \_\_\_\_\_ 1 Letter of Recommendation

Please note if any materials will be sent separately.

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED**

**PLEASE RETURN COMPLETED APPLICATION TO:**

Plymouth District Attorney's Office  
ATTN: Internships  
32 Belmont Street  
Brockton, MA 02301  
Phone: (508) 584-8120  
Fax: (508) 586-3578

Applications may be e-mailed to:  
[barbara.j.faherty@massmail.state.ma.us](mailto:barbara.j.faherty@massmail.state.ma.us)